

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP. IND. DEP. IND. DEP.	* IND. DEP. IND. DEP. IND. DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
	1	1	1	1	1	1		
2							51	
3	2		5				52	
4	1		1				53	
5	8		8				54	
6	1		2				55	
7	1		1				56	
8							57	
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43							92	
44							93	
45							94	
46							95	
47							96	
48							97	
49							98	
50							99	
TOTAL IND.	3				2		TOTAL IND.	
TOTAL DEP.	16				16		TOTAL DEP.	
TOTAL CLAIMS	13				13		TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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